


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L18556 (5) 1. Corporation Name MARVIN KING CONSULTANTS, INC.			
Principal Place of Business 14615 S.W. 63RD TERRACE MIAMI FL 33183		Mailing Address 14615 S.W. 63RD TERRACE MIAMI FL 33183-1033	
2. Principal Place of Business 21 MIAMI, FL Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33183 Country 25 U.S.A		2a. Mailing Address 26 14615 SW 63 TERR Suite, Apt. #, etc. 27 City & State 28 33183 (MIAMI, FL) Zip 29 Country 30 USA	
9. Name and Address of Current Registered Agent KING, MARVIN 14615 S.W. 63RD TERRACE MIAMI FL 33183			

3. Date Incorporated or Qualified 09/25/1989	3a. Date of Last Report 01/22/1996
4. FEI Number 65-0145987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		[NOTE: Registered Agent signature required when reinstating]		DATE	
2. OFFICERS AND DIRECTORS					
1.1 TITLE	P	1.1 TITLE		1.1 TITLE	
1.2 NAME	KING, MARVIN	1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS	14615 SW 63RD TERRACE	1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  MARVIN KING 3/24/97 305-275-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)